

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) The 2016 Committee | | FEC IDENTIFICATION NUMBER ▼ C C00569905 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | |
|---|--------------------|--|---|--|
| Full Name of Payee CAMPAIGN FUNDING DIRECT | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016 | |
| Mailing Address 1420 SPRING HILL ROAD, SUITE 490 SUITE 490 | | | Amount 871.58 | |
| City MCLEAN | State VA | Zip Code 22102-3028 | Transaction ID : SE24.93474 | |
| Purpose of Expenditure AGENCY FEE - DIRECT MAIL - CONSULTING | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016 | |
| Name of Federal Candidate TRUMP, DONALD, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | 1010040.07 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | | |
|---|--------------------|--|---|--|
| Full Name of Payee CAMPAIGN FUNDING DIRECT | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016 | |
| Mailing Address 1420 SPRING HILL ROAD, SUITE 490 SUITE 490 | | | Amount 871.58 | |
| City MCLEAN | State VA | Zip Code 22102-3028 | Transaction ID : SE24.93475 | |
| Purpose of Expenditure AGENCY FEE - DIRECT MAIL - CONSULTING | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2016 | |
| Name of Federal Candidate CLINTON, HILLARY, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | 1010040.07 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1743.16 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank, Robert, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
10 / 27 / 2016

Signature